



Benefit Options

# **Managed Health Services (MHS)**

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## Today's Agenda:


- MHS ID Card Samples
- HIP Plus Extractions
- Endodontic Updates
- Sedation
- Authorizations
- Appeal Process for Authorizations and Claims
- LexisNexis Risk Solutions
- Provider Changes, Updates and Status Inquiries
- Out of Network Providers
- Peer to Peer Requests
- MHS/Envolve Dental Provider Web Portal
- Resources

# **MHS Card ID Samples**

# MHS Card ID Samples

## Hoosier Care Connect:

Hoosier Care Connect is a health care program for individuals who are aged 65 years and older, blind, or disabled, and not eligible for Medicare.



**HOOSIER CARE  
CONNECT**  
MEMBER ID CARD

**Member Name:**

**Member RID:**


**RXBIN: 004336**

**RXPCN: MCAIDADV**

**RXGROUP: RX5440**

*Member Copays:*  
Transportation: \$1 one way/\$2 round trip  
Prescriptions: \$3 per prescription  
Non-emergent Emergency Room: \$3

*Copay Exceptions include:*  
Members who are pregnant, Native American, under 18 years old, or have met their 5% max. Other exceptions include medications for family planning and transportation to educational events or Member Advisory Council meetings.



**PROVIDERS:** This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:

**Secure Portal:** ~ [mhsindiana.com/login](https://mhsindiana.com/login) - Check eligibility, get prior auth, covered benefits and more.

**Pharmacy Prior Auth:** Envolve Pharmacy Solutions  
Phone: 1-866-399-0928, Fax: 1-866-399-0929  
AcariaHealth Fax: 1-855-678-6976

**MHS Provider Fax:** 1-866-912-4245

**MHS Provider Services:** 1-877-647-4848

**MEMBERS:** It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.

**MHS Website:** [mhsindiana.com](https://mhsindiana.com) - Check covered benefits, find a provider, CentAccount rewards and more.

**MHS CentAccount Info Line:** 1-877-259-6959

**MHS 24 hr Nurse Advice Line:** 1-877-647-4848

**MHS Member Services:** 1-877-647-4848  
TDD/TYY: 1-800-743-3333

**CLAIMS INFORMATION**  
MHS Claims  
PO Box 3002 • Farmington, MO 63640-3802

**Behavioral Health:** 1-877-647-4848  
**Envolve Vision Benefits:** 1-866-599-1774  
**Envolve Dental Benefits:** 1-855-609-5157  
**Envolve Pharmacy Solutions:** 1-800-378-0779

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.

# MHS Card ID Samples

## Hoosier Healthwise:

The Hoosier Healthwise program is a health care program for pregnant women, children and former foster children.



**HOOSIER  
HEALTHWISE**  
MEMBER ID CARD

Member Name:

Member RID:

RXBIN: 004336  
RXPCN: MCAIDADV  
RXGROUP: RX5440



**PROVIDERS:** This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:

**Secure Portal:** - [mhsindiana.com/login](http://mhsindiana.com/login) - Check eligibility, get prior auth, covered benefits and more.

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**MHS Provider Fax:** 1-866-912-4245

**MHS Provider Services:** 1-877-647-4848

**MEMBERS:** It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.

**MHS Website:** [mhsindiana.com](http://mhsindiana.com) - Make a POWER Account payment, check covered benefits, find a provider, CentAccount rewards and more.

**MHS CentAccount Info Line:** 1-877-259-6959

**MHS 24 hr Nurse Advice Line:** 1-877-647-4848

**MHS Member Services:** 1-877-647-4848  
TDD/TYY: 1-800-743-3333

### CLAIMS INFORMATION

MHS Claims  
PO Box 3002 • Farmington, MO 63640-3802



**Behavioral Health:** 1-877-647-4848  
**Envolve Vision Benefits:** 1-866-599-1774  
**Envolve Dental Benefits:** 1-855-609-5157  
**Envolve Pharmacy Solutions:** 1-800-311-0557

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.

# MHS Card ID Samples:

## Healthy Indiana Plan:

The Healthy Indiana Plan (HIP) covers adults age 19-64 who meet specific income requirements.

 <p><b>HEALTHY INDIANA PLAN</b> MEMBER ID CARD</p> <p><b>Member Name:</b> <b>Member RID:</b></p> <p><b>RXBIN: 004336</b> <b>RXPCN: MCAIDADV</b> <b>RXGROUP: RX5440</b></p> 	<p><b>PROVIDERS:</b> This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:</p> <p><b>Secure Portal:</b> - <a href="https://mhsindiana.com/login">mhsindiana.com/login</a> - Check eligibility, get prior auth, covered benefits and more.</p> <p><b>Pharmacy Prior Auth:</b> Envolve Pharmacy Solutions Phone: 1-866-399-0928, Fax: 1-866-399-0929 AcariaHealth Fax: 1-855-678-6976</p> <p><b>MHS Provider Fax:</b> 1-866-912-4245</p> <p><b>MHS Provider Services:</b> 1-877-647-4848</p> <p><b>MEMBERS:</b> It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.</p> <p><b>MHS Website:</b> <a href="https://mhsindiana.com">mhsindiana.com</a> - Make a POWER Account payment, check covered benefits, find a provider, CentAccount rewards and more.</p> <p><b>MHS CentAccount Info Line:</b> 1-877-259-6959</p> <p><b>MHS 24 hr Nurse Advice Line:</b> 1-877-647-4848</p> <p><b>MHS Member Services:</b> 1-877-647-4848 TDD/TTY: 1-800-743-3333</p> <p><b>CLAIMS INFORMATION</b> MHS Claims PO Box 3002 • Farmington, MO 63640-3802</p> <p><b>Behavioral Health:</b> 1-877-647-4848 <b>Envolve Vision Benefits:</b> 1-866-599-1774 <b>Envolve Dental Benefits:</b> 1-855-609-5157 <b>Envolve Pharmacy Solutions:</b> 1-800-311-0557</p> <p>Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.</p>
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# **HIP Plus Extractions Endodontic Updates**

# Endodontic Updates

The most recent IHCP fee schedule states the following endodontic codes are limited to ages 1 through 20 for all HIP State Plan Basic, HIP State Plan Plus, Hoosier Care Connect and Hoosier Healthwise members ( Revised on March 28, 2019):

- Codes D3310, D3320, D3330, D3346, D3347, D3348, D3351, D3352, D3353



# **Authorizations**

# **Appeal Process**

# **Peer to Peer Reviews**

# Prior Authorizations

- Please submit authorizations 7 days prior to scheduled services.
  - Determinations are based on covered services and medical necessity.
  - Determinations are made within seven (7) calendar days from date request is received.
  - Providers are notified via fax within one business day after the determination.
- To request an urgent /expedited review contact Provider Services at 1-855-609-5157.
  - Expedited requests are determined within three calendar days.
- Prior authorization expiration – 180 days.

***\*Please see the Envolve Provider Manual for details.***

***\*Notice of adverse action is mailed to members.***

# Authorization Submissions Process

- Envolve Dental Provider Web Portal at <https://pwp.envolvedental.com>
- Electronic clearinghouses, using Envolve Dental payor identification number 46278.
- Alternate, pre-arranged, HIPAA-compliant electronic files.
- Paper request on a completed ADA (2012 or later) claim form by mail.
- For urgent requests, call Provider Services at 1-855-609-5157.

# Provider Appeals Authorizations & Claims

## Provider Appeals - Authorizations

- Authorization appeals must be filed within 33 days following the date the denial letter was mailed.

## Provider Appeals - Claims

- Claim payment appeals must be filed within 67 calendar days from the date of notification of payment or denial. All written provider appeals will be resolved within 30 calendar days.
- To request reconsideration of a denied authorization, a provider may write to:

**Envolve Dental Appeals,  
Corrected Claims &  
Grievances– IN**

**PO Box 20847  
Tampa, FL 33622-0847**



# **LexisNexis Risk Solutions Provider Changes, Updates and Status Inquiries Out of Network Providers**

# LexisNexis Risk Solutions

- Providers must ensure up-to-date information about their practice.
- Failure to comply can lead to:
  - Termination from provider network.
  - Delay of claim payment.
- Review and update your provider directory information on a quarterly basis.

# Out of Network Providers

- Currently, Out of Network providers can see MHS members for services.
- However the provider must be enrolled in IHCP to perform services.
- Providers must submit claims by paper with a W-9 to:

Envolve Dental

Claims: IN

PO Box 20847

Tampa, FL 33622-0847

- Please confirm through IHCP Provider Health Care Portal the patient is an MHS member with dental benefits.

For provider questions, please call 1-855-609-5157.

# Provider Changes, Updates and Status Inquiries

When submitting a provider change, update or status inquiry, send the follow information directly to [Providerrelations@envolvehealth.com](mailto:Providerrelations@envolvehealth.com).

- Effective date of the change
- Provider name
- Provider NPI #
- Provider tax identification #
- Updated location address
- Old location address
- Group practice name
- Office contact information
- Naming convention (State\_ProviderName\_NPI)



# Peer to Peer Review

- Only the treating dentist may request a peer-to-peer phone call review within 30 calendar days from the date of the denial.
- For denied or partially denied authorization requests when additional clinical information exists which was not previously provided.
- To request a peer-to peer review, call Envolve Dental Provider Services at 1-855-609-5157.

\*Please see the Providers Manual for details

# **MHS/Envolve Dental Provider Web Portal**

# MHS Envolve Dental Provider Web Portal:

Envolve Dental Website: <https://pwp.envolvedental.com>

## **Key advantages:**

- Fast, efficient, and time-saving
- Member eligibility
- View member history
- Scheduling assistant
- Paperless authorizations
- Electronic claims submissions
- Fast payments - EFT
- Updated MHS Envolve Dental information
- Medicaid reimbursement fee schedules
- Important notices

## Resources:

Resource	Contact
Member Inquiries (MHS)	1-877-647-4848
Provider Web Portal	<a href="https://pwp.envolvedental.com">https://pwp.envolvedental.com</a>
Provider Email	<a href="mailto:DentalPR@EnvolveHealth.com">DentalPR@EnvolveHealth.com</a>
Provider Relations Phone & Fax MHS Envolve Provider Manual Requests MHS Envolve Bulletin Enrollment	Phone: 1-855-609-5157 Fax: 1-844-815-4448
Credentialing Email & Fax	<a href="mailto:Dentalcredentialing@envolvehealth.com">Dentalcredentialing@envolvehealth.com</a> 855-475-4374
EDI Payor ID	46278
Paper Claims/Corrected Claims Address	Envolve Dental – IN Claims PO Box 20847 Tampa, FL 33622-0847
Authorization Address	Envolve Dental –IN Authorizations PO Box 20847 Tampa, FL 33622-0847
Provider Dental Appeals	Envolve Dental – IN Appeals PO Box 20847 Tampa, FL 33622-0847
Michael Williams Provider Relations and Market Manager	727.437.1832 <a href="mailto:Michael.williams@Envolvehealth.com">Michael.williams@Envolvehealth.com</a>

# State Rep Contact Information

- Provider Relations Specialist

Michael Williams

Office Phone: 727.437.1832

Email: [Michael.Williams@envolvehealth.com](mailto:Michael.Williams@envolvehealth.com)

- Contract Negotiator

Kevin Black

Office Phone: 727.437.1835

Email: [kevin.black@envolvehealth.com](mailto:kevin.black@envolvehealth.com)

# Questions

## Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1027>